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Human Services Committee

March 12, 2013

Testimony in Support of S.B. 1084,

An Act Concerning Delays in Medicaid Application Processing;

S.B. 1086, An Act Concerning Long Term Care; H.B. 6610, An Act Concerning Federal Medicaid &

S.B. 1083, An Act Concerning the Department of Social Services

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, nearly 600,000 of whom live right here in Connecticut, which helps people age 50 and up turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment security and retirement planning.

On behalf of our members, AARP is pleased to offer testimony in support of S.B. 1084, *An Act Concerning Delays in Medicaid Application Processing*, S.B. 1086, *An Act Concerning Long Term Care*, and H.B. 6610, *An Act Concerning Federal Medicaid Waivers*. These proposals complement the Governor's call for "a more efficient and effective long-term services and supports (LTSS) system aligned with the principles of choice, autonomy and dignity" made in the *Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports (2013-2015)*.¹ We also support S.B. 1083, *An Act Concerning the Department of Social Services*.

S.B. 1084, AN ACT CONCERNING DELAYS IN MEDICAID APPLICATION PROCESSING

AARP strongly supports efforts to ensure prompt access to safety-net health and long-term care programs through technology upgrades and a streamlined determination process as required under S.B. 1084, *An Act Concerning Delays in Medicaid Application Processing*. Specifically, S.B. 1084 requires DSS to comply with Medicaid timelines for processing Medicaid applications and provides "presumptive eligibility" for applicants receiving or requesting home and community-based services (HCBS) after 90 days. Determining financial eligibility for Medicaid applicants for community based services in 2011 took an average of 134 days—far exceeding the Standard of Promptness set by the Centers for Medicare and Medicaid Services. Without timely decisions these applicants' health and well-being could be at risk and the long delay may determine whether they remain in a community setting or enter a nursing facility.

States that lead the way in consumer choice share common characteristics, including timely eligibility determinations for home care services.² When decisions must be made quickly at a time of crisis, state Medicaid programs must be able to arrange for HCBS in a timely manner. Failure to determine timely eligibility for Medicaid HCBS often results in unnecessary nursing home placement and the financial consequences for the state are steep. On average, the cost of serving a Medicaid

¹ *Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports (2013-2015)*, available at: [http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_\(2\).pdf](http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_(2).pdf)

² *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, available at: <http://www.longtermscorecard.org/>

client in the community is approximately one third the average cost of serving that individual in an institution.

S.B. 1084 recognizing the need to improve access to Medicaid services through timely eligibility determinations and improved screening processes. While AARP prefers the more expansive approach for presumptive eligibility outlined in H.B. 5919, we support S.B. 1084 as a significant improvement on the current system. Expedited eligibility determinations will improve access to services in the setting the consumer chooses. Additionally, the proposal would stretch limited public resources by serving individuals in cost-effective community based settings, when institutional care is neither desired nor needed.

Please support S.B. 1084 to address the processing delays faced by seniors and vulnerable populations waiting to access critical health services.

**S.B. 1086, AN ACT CONCERNING LONG TERM CARE &
H.B. 6610, AN ACT CONCERNING FEDERAL MEDICAID**

AARP supports the state reviewing options and identifying service gaps in the Medicaid waiver system to expand consumer options and meet future needs. In addition, AARP urges the Committee to expand the scope of S.B. 1086, *An Act Concerning Long Term Care*, and H.B. 6610, *An Act Concerning Federal Medicaid Waivers*, to also evaluate implementation of Community First Choice in Connecticut. Community First Choice (CFC) is an option established in the Affordable Care Act (ACA) to help states with rebalancing efforts. CFC creates a new Medicaid State Plan option to provide home and community-based personal care attendant services. States exercising this option will receive a six percentage point (6%) increase in their state's federal Medicaid matching rate for those services. In January, Governor Malloy called for an analysis of CFC implementation in Connecticut.³ It makes sense for the state to undertake that analysis while it considers other waiver and service gap issues.

AARP would strongly support Connecticut's decision to pursue CFC. We have hired an independent consulting firm to provide an initial review and cost analysis of CFC option in Connecticut. Preliminary results suggest that Connecticut has the potential to save an estimated **\$4.6 million** annually and serve over **1,100 additional individuals** currently on HCBS waiting lists.

S.B. 1083, AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES

AARP supports the objective outlined in S.B. 1083 to review existing energy assistance programs and plan for power outages in facilities that serve DSS clients. The proposal will help identify gaps in energy assistance programs, inform policy to make energy assistance programs more responsive to client needs, and improve safety for DSS clients during potential power outages.

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³ *Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports (2013-2015)*, p.10.